



Volunteer Mentor Application

Instructions:

1. Save the PDF document to your computer with the file name - your Last Name_First Name_VMA
2. Complete the application.
3. Save the application with the information you have entered.
4. Email the PDF to mrodriguez@cp-cto.org

Dr./Mr./Mrs./Ms./Miss: _____
First Name Middle Initial Last Name

Address: _____

City _____ State _____ Zip _____

Phone numbers: Home: _____ Work/Cell: _____

E-mail: _____ Date of Birth: _____

Gender Identity (Check box)

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Non-Binary | <input type="checkbox"/> Non-Confirming | <input type="checkbox"/> Prefer Not To Say |

Race/Ethnicity (Check box)

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Two or More Races | <input type="checkbox"/> Black/African-American |
| <input type="checkbox"/> Other _____ | | |

Do you speak any other languages? NO YES

Which? _____



Volunteer Experience: Never volunteered YES, I have experience:

Where have you volunteered before and in what capacity?

How were you referred to us? (Please check one)

- | | | |
|---------------------------------|------------------------------------|--|
| <input type="checkbox"/> School | <input type="checkbox"/> Community | <input type="checkbox"/> Volunteer fair/outreach |
| <input type="checkbox"/> Family | <input type="checkbox"/> Staff | <input type="checkbox"/> Other _____ |

Any special interests, hobbies, skills and/or abilities?



Educational Background:

	Institution Name & Location	Field of Study	Graduation Date & Degree
High school			
College/university			
Business/technical			
Other			

Employment History:

Employer/ Business	Contact Name	Phone Number	Address (City, State, Zip Code)	Dates of Employment



Reference information:

Please list only adults who have known you for at least one year. Only one family member permitted as reference.

Name	Phone Number	Address (City, State, Zip Code)	Relationship to Applicant	Length of Acquaintance



Record check:

****Note: Conviction of a crime will not necessarily disqualify you for volunteering. Each conviction will be judged on its own merit with respect to time and as it relates to the volunteer opportunity.***

1. Have you ever been convicted of, or plead guilty or *nolo contendere* to a crime?
 YES NO

2. Are you currently awaiting trial, sentencing or other disposition of a criminal charge?
 YES NO

3. Have you ever been discharged or requested to resign from volunteering?
 YES NO

If you answered "YES" to questions #1-3 above, please explain:

I, _____, certify that the information I have provided is true and correct. Criminal history checks are done for all volunteers. I understand that I may not be accepted as a mentor based on the results.

Volunteer Mentor Signature

Date

Community Partners of South Florida fosters an environment that supports equity in race, gender, religion, diversity and inclusion at the individual, organizational and community levels in service to our mission.